Notification of Vacancy in Office

Unit of Government:			
The following elected official is no longer serving:			
Name of Official:			
Title of Officer:			
Term of Office:	(Number of Years) Term was to Expire: (Year)		(Year)
Reason for Vacancy	: Resignation	Death	Other
Date of Resignation:	1	/	
Date of Death:	/	/	
Reason for Other:			
Appointment to Fill Noted Vacancy Appointee Name:			
Title of Office:			
Address:			
(C:	ity)	(Zi	p Code)
Phone Number:			
Date Appointed:			
Submitted by:			
(Signature of Local Election Official/Administrator)			
_	(Title)		
Date: /	/ Phone Number:		

Returned Completed Form to: